

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35071

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No.

53

Primary Registration District No.

3010

Registrar's No. 490

| | | | | | | | |
|---|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u> Length of stay in <u>34</u> yr | | | | d. STREET ADDRESS (If outside, give location) <u>1431 Rose</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u></u> Last <u>Poe</u> | | | | 4. DATE OF DEATH Month <u>Oct</u> Day <u>21</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Mar 2 1876</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Worker</u> | | 11. BIRTHPLACE (City and state or country) <u>Egypt Mills Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13. FATHER'S NAME <u>Eugene Poe</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Anna Heuer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. <u>491-07-3101</u> | | 17. INFORMANT <u>Mrs. Guy Cotner</u> Address <u>Cape Girardeau Mo</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardio-vascular disease</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4221</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> a. m. <u></u> p. m. <u></u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>1950</u> to <u>24 Oct 57</u> and last saw <u>him</u> alive on <u>24 Oct 57</u> Death occurred at <u>2:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>H. W. Shelly, Jr. M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Cape Girardeau Mo</u> | | 22c. DATE SIGNED <u>25 Oct 57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>10-26-1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Brinkopf Howell Funeral Home</u> ADDRESS <u>Health Center</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>10-29-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~only~~..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neil H. Grosshord*.....

Licensed Embalmer No. *489*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (P)
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.